

Clark County Parks & Recreation

SAFEKEY REGISTRATION FORM

Drivers Lic or ID# / St. / Exp.

20____ / 20__

School Site:	Grade:		Date of Birth:		
articipant First & Last Name:			Age: Sex:		Sex:
Address: Apt.#	City & Zip:			Phone:	
Note: ONLY one registration form is permitted for each child.	,				
Parent/Guardian #1:		Cell Phone:			
Employer Name & Address:		Work Phone:			
Parent/Guardian #2:		Cell Phone:			
Employer Name & Address:		Work Phone	e:		
E-mail Address(es):		•			
EMERGENCY CONTACT / AUTHORIZED TO PICK UP PARTIC (I understand that it is my responsibility to provide current contact Relation	et information for my child.	-	-	ins):	
Relation	nship:				
Relation	nship:		Phone:		
Relation	nship:		Phone:		
DOES PARTICIPANT REQUIRE ANY ACCOMMODATIONS:(If special accommodations are needed, contact the Safekey Office 2 weeks prio ALLERGIES:	hty zoned elementary and select of payment must be provided be v.gov, at Safekey Administration or made out to Clark County Parl (10) minutes beginning @ 6:01	middle schools. efore your child Office, and at a s & Recreation (Parent Initials) pm until the par (Parent Initials) pick up the par	Payment can take pall Clark C. ticipant is	t MUST be made prior part in the program. For ounty Recreation Cent	to or your ders. Other (Staff Initials)
Parent Guidelines: I have read and understand the policies and procedures a	as outlined in the parent handboo	k.			
Safekey will not provide duplicate copies of receipts: I understand that the income tax or any other purposes. I further understand, as stated in the Parent income tax purposes.			vide copie eipts to ve		
Proof Of Downsorts, Lundovstond that I work would are after a second of the second sec	mu shild oon north-in-th- in U. C	• `			(Stan Intials)
Proof Of Payments : I understand that I must provide proof of payment before	my child can participate in the S	(Parent Initials)			(Staff Initials)
I, Print Parent Name, acting on behalf of myself or Nevada, Department of Parks and Recreation and all their respe for personal injuries or damages sustained, incurred, or arising fr PHOTO/VIDEO RELEASE: By registering for any Clark County taken of my child/children or myself at any program, event or faci	ective officers, employees, rom participation in any Pa Parks and Recreation pro	sly and forever agents, or rep rks and Recr gram, I agree	er waive presenta eation a to allow	atives from any and ctivity. r publication of pho	County, d all liability
White: Safakay Sita Co	anany Cafakay Office	Dinks Co.	tomor		

White: Safekey Site Canary: Safekey Office

Pink: Customer